



Missouri Nurses Association
Consent-To-Serve
2009-2011

Committee/Structural Unit: _____

BIOGRAPHICAL DATA:

Name: _____ Credentials: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Fax Number: _____ E-Mail: _____

My employment, education, and activity have not changed in the past 2 years, please use the information from my previous Consent-to-Serve form.

EMPLOYMENT:

Primary Area of Expertise/Specialty: _____

Employer: _____ Title: _____

Street: _____

City: _____ State: _____ Zip: _____

EDUCATION (School, Location Degree, Received)

ANA/MONA/DNA NURSING ORGANIZATIONAL ACTIVITY (Organization, Position, Date)

Present Positions: _____

Past Positions: _____

I understand the duties and responsibilities of the office for which I am submitting my name as outlined in the MONA bylaws. If appointed, I agree to fulfill the duties of the office to the best of my ability.

Signature: _____ Date: _____

RETURN COMPLETED FORM TO
Missouri Nurses Association, P.O. Box 105228, Jefferson City, MO 65110
Fax (573) 636-9576.